DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket No. First Named Inventor	POLYT9866 WO-US Shaunak, S.
		Application Number	To Be Assigned
X Declaration	Declaration Submitted with OR Submitted after Initial	Filing Date	Herewith
		Group Art Unit	Unknown
Initial Filing	Filing (surcharge (37 CFR 1.16(e)) required)	Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPLEXES HAVING ADJUVANT ACTIVITY

The specification of which
☐ is attached hereto
or
was filed on 7 January 2005 as PCT International Application Number
PCT/GB2005/00039 and was amended on (if applicable
I hereby state that I have reviewed and understand the contents of the above identified

specification, including the claims, as amended by any amendment specifically referred to above.

Lecknowledge the duty to disclose information which is material to patentability as

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or international filing date of the continuation-in-part application.

PRIORITY CLAIMS

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application (s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? (Y/N)
GB 04 00264.8	GB	01/07/2004		N
Additional foreign app	lication numbers are I	isted on a supplemental priority of	iata sheet PTO/SB/0213	attached hereto:

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior applications in the manner required by the first paragraph of Title 35, United States Code Section 112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulation, Section 1.56(a) which occurred between the filing dates of the prior applications and the national or Patent Cooperation Treaty international Filing date of this application:

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

DIRECT ALL CORRESPONDENCE TO:						
<u> </u>	Customer number 000039843					
OR	1037046	,				
Correspondence address below.						
Name: Bell & Associates						
Address: 416 Funston Avenue, Suite 100						
City: San Francisco	State: CA ZIP: 94118					
Country: USA Telephone: 415			752 4985		15 276 6040	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so					e statements and the like so	
made are punishable by fine or impris	sonment, o	r both, under 18 U.S.C.	1001 and that such w	illful false	statements may jeopardize the	
validity of the application or any pare						
NAME OF SOLE OR FI		VENTOR:		been filed	for this unsigned inventor	
Given Name (first and middle,	if any)		Surname			
Sunil	$-\Omega_{n}$		Shaunak			
Inventor's]/[]	Λ	Date			
Signature	OK V. a		V - C	e	_	
- James a	<u> </u>	man.		may	2005	
Residence: City	State		Country	la	Citizenship British	
London			United Kingd	iom	British	
Mailing Address:						
Department of Infectious	Disease	es, Imperial Coll	ege London, H	ammer	smith Hospital,	
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City	State		ZIP		Country	
London			W12 0NN		United Kingdom	
NAME OF SECOND IN	VENTO	PR:	a petition h	as been :	filed for this unsigned	
			inventor			
Given Name (first and middle	(if any))		Surname			
Stephen			Brocchini			
Inventor's	. 1	/	Date			
Signature H	m		11/17	Feb	very 05	
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London			United Kingo	iom	United States	
Mailing Address:	L		<u>. </u>		I	
Department of Pharmace	eutics, 2	9-39 Brunswick	Square, The S	chool of	Pharmacy,	
University of London	•					
1						
City	State		ZIP		Country	
London			WC1N 1AX		United Kingdom	
			<u> </u>		<u> </u>	
Additional inventors are being	named on t	he <u>one</u> supplemen	tal Additional Invento	or(s) Sheet(s) PTO/SB/02A attached	
hereto.						

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Supplemental Additional Inventor(s) Sheet

Name of Additional Jo	int Inventor:	a petition has been filed for this unsigned inventor			
Given Name		Family Name			
(first and middle [if any])		Or Surname			
Antony		Godwin			
Inventor's		Date			
Signature Aland.					
X AGOTHI		X 17th FR-15	2005		
Residence: City	State	Country	Citizenship		
London		United Kingdom	British		
Mailing Address:					
	aceutics, 29-39 Brunswic	ck Square, The School o	f Pharmacy,		
University of London		1			
City	State	ZIP	Country		
London		WC1N 1AX	United Kingdom		
Name of Additional Jo	int Inventor:	a petition has been filed	for this unsigned inventor		
Given Name		Family Name			
(first and middle [if any])		Or Surname			
Ji-Won		Choi			
Inventor's		Date			
Signature	•	X 12/0/1/1	~.		
		17/2/00			
Residence: City	State	Country	Citizenship		
London		United Kingdom	Korean		
Mailing Address			*** *** **		
Department of Infection DuCane Road	ous Diseases, Imperial C	ollege London, Hamme	rsmith Hospital,		
City	State	ZIP	Country		
London		W12 0NN	United Kingdom		
Name of Additional Jo	int Inventor:	a petition has been filed for this unsigned inventor			
Given Name		Family Name			
(first and middle [if any])		Or Surname			
Inventor's		Date			
Signature	Γ				
Residence: City	State	Country Citizenship			
Mailing Address	<u> </u>		<u> </u>		
City	State	ZIP	Country		
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Supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A

T		DOLLET OUCC	THO TIC		
	Docket No.	POLYT 9866			
_		Sunil Shaunai	`		
		·			
Title		COMPLEXES ACTIVITY	HAVING ADJUVANT		
Filing Date Priority Date Art Unit Authorized Officer		01/07/2005			
		01/07/2004			
		To Be Assign	ed		
		To Be Assign	ed		
I hereby appoint: ☐ Practitioners at Customer Number 000039843 or ☐ Practitioner(s) named below: Name Registration Number					
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BELL & AS	SOCIATES				
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	First Nam Inventor Application Title Filing Dat Priority D Art Unit Authorize Number w: ent(s) to prosing all divisi other internat Trademark Office or Othe to practice.	First Named Inventor Application Number Title Filing Date Priority Date Art Unit Authorized Officer Number 000039843 w: Regist 43,490 44,817 ent(s) to prosecute the aping all divisionals, conting other international applied Trademark Office connoffice or Other Patent Office to practice.	First Named Inventor Application Number To Be Assign COMPLEXES ACTIVITY Filing Date 01/07/2005 Priority Date 01/07/2004 Art Unit To Be Assign Authorized Officer To Be Assign Officer Office Officer Office Offi		

<u> </u>	Attorney Dock	et No.	POLYT 9866 WO-US	
	First Named		Sunil Shaunak	
POWER OF	Inventor		Carri Citaditais	
ATTORNEY &	Application Nu	mber	To Be Assigned	
CORRESPONDENCE	Title		COMPLEXES HAVING ADJUVANT	
ADDRESS			ACTIVITY	
INDICATION FORM	Filing Date		01/07/2005	
	Priority Date		01/07/2004	
	Art Unit		To Be Assigned	
	Authorized Of	ficer	To Be Assigned	
I hereby appoint:				
Practitioners at Customer 1		39843	or	
Practitioner(s) named below	w:	Degist	ration Number	
ADAM W. BELL		43,490		
MATTHEW R. KASER		44,81		
ITALIA ITALIA IVI IXI IXI IXI IXI IXI IXI IXI IXI IXI		,01		
as my/our attorney(s) or ago	ent(s) to prosecute	the ap	plication identified above, and all	
			uations, RCEs, CPAs, CIPs, PCT	
applications, European and	other internations	al applie	cations) and to transact all business in	
			ected therewith, and in any PCT or	
		itent Of	fice connected therewith where the	
practitioner(s) is/are eligible	e to practice.			
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☐ Practitioners at Customer N				
☐ Address below:				
	BELL & ASSOC			
<u> </u>	416 FUNSTON A		JE	
	SAN FRANCISC	:U	770 04110	
Country USA	State CA	(415)	ZIP 94118	
Telephone (415) 752-40	85 Fax	(415)	276-6040	
I am the: ⊠Applicant/Inventor				
☐ Assignee of record of the e	entire interest. See 3	7 C.F.R	. 3.71.	
Statement under 37 C.F.R				
			Assignee of Record	
Name Stephen Broo				
Signature X Stat	- Granti-			
Date X 17 Pe	brien 05			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of4 forms are submitted.				

	Attorney	Docket No	POL	YT 9866	WO-US
	First Named			Sunil Shaunak	
POWER OF	Inventor	1100	Jum	Diladila	``
ATTORNEY &	Application Number Title Filing Date Priority Date Art Unit Authorized Officer		ТоВ	e Assign	ied
CORRESPONDENCE					HAVING ADJUVANT
ADDRESS			ACT	VITY	
INDICATION FORM			01/0	7/2005	
			01/0	7/2004	
			To B	e Assign	ned
			To B	e Assign	ned
I hereby appoint:					
☑ Practitioners at Customer 1		000039843	or		
☐ Practitioner(s) named below	w:				
Name				Number	
ADAM W. BELL		43,4			
MATTHEW R. KASER		44,8	1 /		
as my/our attorney(s) or ago	ont(s) to nro	socuto the	nnlicati	on ident	ified above, and all
related applications (includ	ing all divis	ionale con	ppncau	e RCFe	CPAs CIPS PCT
applications, European and	other intern	national ann	ication	s) and to	transact all business in
the United States Patent and	d Trademarl	k Office co	nected	therewit	h, and in any PCT or
WIPO or European Patent (Office or Ot	her Patent	Office co	nnected	therewith where the
practitioner(s) is/are eligible					
Record/ change the corresp			above-	identifie	d application to:
☑ The above-mentioned Cus					
☐ Practitioners at Customer N	Number	 	_		
☐ Address below:					
Firm or Individual Name	BELL & A	SSOCIATE	S		
	416 FUNS				*****
1	SAN FRAN		<u> </u>		
Country USA		CA		ZIP	94118
Telephone (415) 752-40			276-6		
I am the:	-	1 (1-2-	·	-	
☑Applicant/Inventor					
☐ Assignee of record of the e	ntire interest	t. See 37 C.F	R. 3.71.	an /a -:	
Statement under 37 C.F.R	2. 3.73(b) is e	nclosed. (Fo	mPTO/	SB/96)	. 3
	TURE of A	pplicant or	Assign	ee of Re	cord
Name Antony Gody					
	Min				
NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit					
multiple forms if more than one signature is required, see below*.					
*Total of 4 forms are subm					

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	Attorney Docket No.					
DOMED OF	First Named		Sunil Shaunak			
POWER OF	Inventor					
ATTORNEY &	Application Number Title		To Be Assigned			
CORRESPONDENCE ADDRESS			COMPLEXES HAVING ADJUVANT ACTIVITY			
INDICATION FORM						
INDICATION FORM	Filing Date		01/07/2005			
	Priority Date		01/07/2004			
	Art Unit		To Be Assigned			
	Authorized Officer		To Be Assigned			
I hereby appoint:						
Practitioners at Customer N		<u> 39843</u>	or			
☐ Practitioner(s) named below	v:					
Name			ration Number			
ADAM W. BELL	· · · · · · · · · · · · · · · · · · ·	43,490				
MATTHEW R. KASER		44,81	/			
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as my/our attorney(s) or age	ent(s) to prosecute	the ap	plication identified above, and all			
related applications (includi	ing all divisionals	, contin	nuations, RCEs, CPAs, CIPs, PCT			
applications, European and	other internationa	u appu	cations) and to transact all business in			
the United States Patent and	1 Trademark UIII	ce conn	ected therewith, and in any PCT or			
		itent Oi	ffice connected therewith where the			
practitioner(s) is/are eligible	practitioner(s) is/are eligible to practice.					
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☐ Practitioners at Customer N						
☐ Address below:	Number					
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Firm or Individual Name	BELL & ASSOC	IATES				
	416 FUNSTON A					
	SAN FRANCISC	O.				
Country USA	State CA		ZIP 94118			
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I am the:		 				
☑Applicant/Inventor			;			
Assignee of record of the e						
Statement under 37 C.F.R. 3.73(b) is enclosed. (FormPTO/SB/96)						
		int or A	Assignee of Record			
Name Ji-Won Choi						
Signature X —	Signature X					
Date $X (7/2)05$						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
X AT-old of the forms are submitted						